#1076 Due 12-1-17

received 11-20-17

Guerrier, Joseph

From: ASK NJ Media Co. <opra+request-270-1a14d585@requests.opramachine.com>
Sent: Monday, November 20, 2017 5:09 PM
To: HTPD.Records
Subject: Open Public Records Act request - OPRA Requests

Reply sent 11/28

Dear Hamilton Township Police Department,

This is a request for public records made under OPRA and the common law right of access. I certify under penalty of NJSA 2C:28-3 that I have not been convicted of an indictable offense. Please acknowledge receipt of this message.
Records requested:

I'm requesting copies of all OPRA requests from August 1, 2017 to November 20, 2017.

Yours faithfully,

ASK NJ Media Co.

Please use this email address for all replies to this request:
opra+request-270-1a14d585@requests.opramachine.com

Is htpd.records@townshipofhamilton.com the wrong address for Open Public Records Act requests to Hamilton Township Police Department? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=htpd

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

If you find this service useful as an OPRA officer, please ask your web manager to link to us from your organisation's OPRA page.

TOWNSHIP OF HAMILTON
POLICE DEPARTMENT

6101 THIRTEENTH STREET
SUITE 220
MAYS LANDING, NEW JERSEY 08330

POLICE: 609-625-2700
ADM/RECORDS: 609-625-2211
FAX: 609-625-5903
E-MAIL: STAPPEINER@TOWNSHIPOFHAMILTON.COM

STACY TAPPEINER
CHIEF OF POLICE

ASK NJ Media Co.

November 30th , 2017

ASK NJ Media Co.

The Township of Hamilton received your Open Public Records Act (OPRA) request on November 20th , 2017. As such the seven (7) business day deadline to respond to your request is December 1st , 2017. This response to your request is being provided to you on the 6th business day after the custodian's receipt of said request.

REQUESTED: 1. Copies of all OPRA requests from August 1, to November 20, 2017

RESPONSE: 1. Your redacted request has been completed via. email.
N.J.S.A. 47:1A-1.1 Personal Information
N.J.S.A. 2A:4A-60 Juvenile Records

If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the Township of Hamilton Police Department to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council ("GRC") by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton, NJ, 08625, by e-mail at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The Council can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County.

Respectfully,

Sgt. J. Guerrier
Communications Supervisor
Township of Hamilton Police Department
Office: (609) 625-2700 ext 530
Fax: (609) 625-5903

#1072 + 1073

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Jerome MI _____ Last Name Jackson

E-mail Address jerome.jackson@dcf.state.nj.us

Mailing Address 201 Laurel Road, 4 Echelon Plaza

City Voorhees State NJ Zip 08043

Telephone (856) [redacted] FAX _____

Preferred Delivery: Pick Up ○ US Mail ○ On-Site Inspect ○ Fax ○ E-mail ◉

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Jerome C. Jackson Date 11/20/17

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

We are requesting information regarding our employee, Jessica M. Cardona, [redacted] Arrowhead Trail, Vineland, NJ 08360, who was arrested on April 5, 2017 for a DUI in Hamilton Township.

Please provide a copy of the arrest Police report as well as the status of the court disposition as soon as possible.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____
Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

#1053 + 54

received 9-28-2017

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Dianne MI _____ Last Name Bolsch

E-mail Address dbolsch@pepsonclaims.com

Mailing Address Pepson Claims PO Box 1491

City Paramus State NJ Zip 07653-4732

Telephone (732) [redacted] FAX (201) [redacted]

Preferred Delivery: Pick Up ○ US Mail ○ On-Site Inspect ○ Fax ○ E-mail ●

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Dianne McCann-Bolsch Date 09/25/2017

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

We are investigating a car accident that occurred on March 9, 2017 at Route 40 on Catillion Boulevard in Mays Landing. The accident occurred around 8:30 am.
We are requesting a list of any complaints received by your office regarding the traffic light operation at this intersection since 2015.
We are requesting information about the traffic controls at this intersection. For example, is the turn signal a fixed timed light or does it change when it senses a vehicle? How are timing plans developed and field adjustments implemented? How often are the traffic signals at this location monitored and adjusted to adapt to changing traffic patterns? When was this last done? We would like to obtain copies of any work orders to make changes to these traffic lights since 2015.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

~~In Progress~~ - Open
Denied - Closed 10/2/17
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid 0

Records Provided

Custodian Signature 10-2-17 Date

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Erica MI ____ Last Name Perazza-Powell

E-mail Address ericapowell@helmerlegal.com

Mailing Address 111 White Horse Pike

City Haddon Heights State NJ Zip 08035

Telephone (856) [redacted] FAX (856) [redacted]

Preferred Delivery: Pick Up ○ US Mail ○ On-Site Inspect ○ Fax ○ E-mail ◉

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 08/22/2017

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

A copy of the policies, procedures and standard operating procedure regarding mobile video recorders (MVR), utilization and retention of video. A copy of the user manuals and technical manuals for these recorders

A copy of the policies, procedures and standard operating procedure regarding in-station video, utitilzation and retention of video. A copy of the user manuals and technial manuals for these recorders.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Jeffrey MI ____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-[redacted] FAX 609-[redacted]

Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☐

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [redacted] Date 9/1/2017

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-[redacted]

8/1/2017 8/31/2017

Payment of $13.75 is required. Once payment has been received documents will be mailed
Anne Groh

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages 275

Final Cost
Total $13.75
Deposit ~
Balance Due $13.75
Balance Paid ____

Records Provided

Anne Groh
Custodian Signature

9/8/17
Date

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Deepa MI S. Last Name Jaisinghani

E-mail Address injured@jdlawoffices.com

Mailing Address 42 Main Street, Suite A & B

City Woodbridge State NJ Zip 07095

Telephone (855) [redacted] FAX (877) [redacted]

Preferred Delivery: Pick Up ○ US Mail ○ On-Site Inspect ○ Fax ◉ E-mail ◉

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Deepa Jaisinghani Date 09/13/2017

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☑ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

A clear copy of the 911 call made on the date of the incident 08/26/2017, also please provide a copy of the CAD report and/or transcript. In addition, please forward any videos and any pictures related to this matter. Please see enclosed police report for your review. Thank you for your attention in this matter. Client: Shiraj Kanduri Location: Notthingham Way DOA: 08/26/2017

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____
Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

#1071 + 74 Due 11/30/17

received 11-17-17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name NEIL MI ____ Last Name DECICCO

E-mail Address ndeciccol@yahoo.com

Mailing Address 918 Mercer Drive

City Haddonfield State NJ Zip 08033

Telephone 609-[redacted] FAX ____

Preferred Delivery: Pick Up (X) US Mail ( ) On-Site Inspect ( ) Fax ( ) E-mail ( )

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Neil De Cicco Date 11-17-2017

Payment Information

Maximum Authorization Cost

Select Payment Method

[X] Cash [ ] Check [ ] Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

A copy of the suicide note written by my brother, Richard De Cicco, on Oct 10th, 2017 that was left at his house. The address is 6168 WALNUT STREET, MAYS LANDING, NJ 08330. Detective FRANK SCHALEK is investigating

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

#1069

DUE 11-27-17

received 11/16/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Ted MI N Last Name Greenberg

E-mail Address ted.greenberg@nbcuni.com

Mailing Address 10 Monument Rd

City Bala Cynwyd State PA Zip 19004

Telephone 609-[redacted] FAX

Preferred Delivery: Pick Up ◯ US Mail ◯ On-Site Inspect ◯ Fax ◯ E-mail ⊘

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / ~~*HAVE NOT*~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11-16-17

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

- 911 Call(s) related to escape of inmates from Harborfields on 11-15-17.

- Radio dispatch recordings related to same incident.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit ⊘
Balance Due _____
Balance Paid _____

Records Provided

[signature] - HM

Custodian Signature

11/16/17

Date

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Jerome MI ____ Last Name Jackson

E-mail Address jerome.jackson@dcf.state.nj.us

Mailing Address 201 Laurel Road, 4 Echelon Plaza

City Voorhees State NJ Zip 08043

Telephone (856) [redacted] FAX ____

Preferred Delivery: Pick Up ○ US Mail ○ On-Site Inspect ○ Fax ○ E-mail ◉

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Jerome C. Jackson Date 11/20/17

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

We are requesting information regarding our employee, Jessica M. Cardona, d/o/b [redacted] Arrowhead Trail, Vineland, NJ 08360, who was arrested on April 5, 2017 for a DUI in Hamilton Township.

Please provide a copy of the arrest Police report as well as the status of the court disposition as soon as possible.

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____
Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

#1065

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

received 11-6-17 DE 11-17-17

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Michael MI ____ Last Name Parmenter

E-mail Address mp3733@gmail.com

Mailing Address PO Box 373

City Buena State NJ Zip 08310

Telephone (609 [redacted] FAX ____

Preferred Delivery: Pick Up (●) US Mail ( ) On-Site Inspect ( ) Fax ( ) E-mail ( )

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11/02/2017

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

I am seeking CAD and other reports for the address of 5941 Scranton Avenue, Mays Landing, NJ, a property which I co-own. I am interested in reports detailing 911 calls and police department response to that address on August 19th and 20th. I am also interested in reports related to the robbery of a cell phone that occurred during a party at that location which was reported several days thereafter by Keith Boakes and his son, [redacted]

I am also seeking CAD and other reports for a woods fire at 5941 Scranton Avenue, Mays Landing, NJ which occurred on or about September 30, 2017 or October 1, 2017. I am interested in reports detailing 911 calls and police department response.

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

#1263

received 10/30/17

OPAR | Open Public Records Act

GOVERNMENT RECORDS REQUEST FORM

TOWNSHIP OF EGG HARBOR

Office of the Township Clerk

3515 Bargaintown Road, Egg Harbor Township NJ 08234
609-926-4085 or 609-926-4104 facsimile
www.ehtgov.org

Due 11/8/17

Important Notice: This is a 4-page form. Please read it carefully to understand your rights concerning government records.

Requestor Information – Please Print

First Name	Angelo	MI	J	Last Name	Maimone
Email Address	atlanticcoastinvest@comcast.net				
Mailing Address	PO Box 65				
City	Elwood	State	NJ	Zip	08217
Telephone		Facsimile			

Preferred Delivery: Pickup ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ Email ☑

If you are requesting records containing personal information, please select one: Under penalty of NJSA 2C:28-3, I certify that I ☐have / ☑have not been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10/30/2017

* documents provided via facsimile or electronic mail are free of charge

Payment Information

Maximum Authorization Cost $ 100.

Select Payment Method

Cash ○ Check ◉ Credit Card ○

Fees:		
	8 ½ x 11	5 cents
	8 ½ x 14	7 cents
	11 x 17	
	24 x 36	47 cents
	36 x 42 +	74 cents
	CD/DVR	35 cents

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Alll availabe arrest records / incident reports pertaining to Steffon L Davis DOB [redacted] SS: [redacted] including CAD reports (Computer Automated dispatch records) from January 1999 if available.

All availabe CAD reports for calls for service to 111 Drexal Ave. Egg Harbor Township NJ 08234

All availabe reports for call 16.039783 on 10/06/2016 14:49hrs at 2300 Wrangleboro Rd Massage Envy.

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open
Denied - Closed
Filed - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date 10/30/17
Ready Date 11/8/17
Total Pages 9

Final Cost

Total 9
Deposit
Balance Due
Balance Paid

Records Provided

[signature] Custodian Signature 11/8/17 Date

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-926-0921
5101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Jeffrey MI ____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ◯ US Mail ◯ On-Site Inspect ◯ Fax ◯ E-mail ◯

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [redacted] Date 9/1/2017

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-[redacted]

8/1/2017 8/31/2017

Payment of $13.75 is required. Once payment has been received documents will be mailed
Anne Groh

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages 275

Final Cost

Total $13.75
Deposit ✓
Balance Due $13.75
Balance Paid ____

Records Provided

Anne Groh
Custodian Signature

9/8/17
Date

#1075

Due 12-6-17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

received 11-27-17

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Rebecca MI J Last Name Everett

E-mail Address reverett@njadvancemedia.com

Mailing Address 219 E. Cuthbert Blvd.

City Haddon Twp State NJ Zip 08108

Telephone (856) [redacted] FAX

Preferred Delivery: Pick Up ○ US Mail ○ On-Site Inspect ○ Fax ○ E-mail ◉

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Rebecca Everett Date 11/27/2017

Payment Information

Maximum Authorization Cost $15.00

Select Payment Method

☐ Cash ☑ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

I am requesting, under OPRA and the Common Law for access to public records, audio recordings of all 911 calls made in connection with a disturbance and eventual escape at Harborfields Youth Detention Facility in Egg Harbor City on Nov. 15, 2017.
The county has informed me that Hamilton Township handles the 911 calls from Egg Harbor City.
The New Jersey Supreme Court has ruled that records that were available for public inspection when they were created, such as 911 recordings, cannot later be withheld from the public under the exemption for investigatory materials.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # ∅
Rec'd Date
Ready Date
Total Pages

Final Cost

Total ∅
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature 11/27/17 Date

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Sean MI ____ Last Name Campbell

E-mail Address scampbell@thetrace.org

Mailing Address 428 Broadway, The Trace, 4th Floor

City New York, State NY Zip 10013

Telephone [redacted] FAX ____

Preferred Delivery: Pick Up ○ US Mail ○ On-Site Inspect ○ Fax ○ E-mail ◉

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 8/4/17

Payment Information

Maximum Authorization Cost 20.00

Select Payment Method

☐ Cash ☑ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Under the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., I am requesting access to electronic copies of the incident reports of the shooting of Kelvin Watford 2000 block of Genesee Street at the intersection of Genesee Street and East Park Avenue in the evening of November 17, 2017, at approximately 11:23pm, along with any other follow up reports regarding the incident.

I am a reporter looking into incidents of mistaken ID shootings to see what factors play a role in these tragedies and to learn more about the circumstances surrounding their occurrence, which is in the public's interest to understand.

If there are any fees for searching or copying these records, please inform me if the cost will exceed $10.00.

However, as a member of the media reporting on matters in the public interest, I am requesting a fee waiver and an expediting of my request. Since I am requesting records in their original electronic format

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open
Denied - Closed 8/7/17
Filled - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid 0

Records Provided

M Brandl 8/7/17
Custodian Signature Date

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name LAKEISHA MI J Last Name ZINAMON

E-mail Address LZINAMON@CMRCLAIMS.COM

Mailing Address 726 WEST SHERIDAN AVENUE

City OKLAHOMA CITY State OK Zip 73102

Telephone _____ FAX _____

Preferred Delivery: Pick Up ○ US Mail ○ On-Site Inspect ○ Fax ○ E-mail ◉

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ~~HAVE / HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state or the United States.

Signature Lzinamon Date 08/14/2017

Payment Information

Maximum Authorization Cost $10.00

Select Payment Method

☐ Cash ☑ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

I AM IN SEARCH OF AN INCIDENT/ACCIDENT REPORT INVOLVING VERIZON'S POLE DAMAGED IN A MVA AT 3155 SOUTH LEIPZIG AVE ON OR BEFORE 01/08/2017.

NJTR-1 2017-891

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filed - Closed 8/14/17
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages 3

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid 0

Records Provided

Custodian Signature 8/14/17 Date

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

Important Notice

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Requestor Information – Please Print

First Name William MI R. Last Name Scull

E-mail Address Bill@Ulbrich-Scull.com (Ulbrich-Scull Investigations LLC)

Mailing Address Post Office Box #428

City Northfield State NJ Zip 08225

Telephone [redacted] FAX (866) 234-7768

Preferred Delivery: Pick Up ○ US Mail ○ On-Site Inspect ○ Fax ○ E-mail ◉

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ~~HAVE~~ / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 08/17/2017

Payment Information

Maximum Authorization Cost $25.00

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

See Attached

No Such Documents

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed 8/17/17
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due 0
Balance Paid _____

Records Provided

[signature] 8/17/17
Custodian Signature Date

received
8 16 17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-926-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

Date: 8/24/17

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name HAROLD MI M. Last Name KAUFFMAN

E-mail Address PB4078@AOL.COM

Mailing Address P.O. BOX 635

City NORTHFIELD State NJ Zip 08225

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ◯ US Mail ◯ On-Site Inspect ◯ Fax ◯ E-mail ◯

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I, *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8-16-17

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeapardized by such method of delivery.

CAD reports for all dog bite & dog complaints between January 1, 2014 & present for 4403 & 4415 Yorktown Road and the general area around this adress(s). (Yorktown Road & Brandywine Drive)

Thank you

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____
Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed 8/21/17
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages 8

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid 0

Records Provided

[signature] Custodian Signature

8/21/17 Date

received 8/22/2017

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Anthony MI J Last Name Gargeffi

E-mail Address ajgargeffi@aol.com

Mailing Address 6064 Main St

City Mayslanding State NJ Zip 08330

Telephone [redacted] FAX

Preferred Delivery: Pick Up ○ US Mail ○ On-Site Inspect ○ Fax ○ E-mail ⊘

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8/19/2017

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☒ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Any and all Policies, Regulations, sop's, directives or written orders Related to series of fatal motor vehicle accidents including DUI's from Aug 2014 til present date

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance
Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress	-	Open	
Denied	-	Closed	
(Filled)	-	Closed	8/29/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages 38 pages

Final Cost

Total
Deposit
Balance Due
Balance Paid ⊘

Records Provided

2013-20
2013-19

[signature] 8/29/17
Custodian Signature Date

To: Rita Martino, Township Clerk
Re: O'Neill OPRA
Date: August 28, 2017

The Police Departments response to the O'Neill request is as follows:

1. Computer aided dispatch log (CAD)
   CAD report provided with no redactions

2. Police Department incident report
   Incident report 2017-23,894 provided with the redaction of personal information

3. Police Department supplemental reports
   No documents responsive to #3

Additionally provided the CAD report for the Fire Department

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

7 pages

Phone: 609-625-1511 Fax: 609-926-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name David MI J Last Name Sideman

E-mail Address dsideman@geico.com

Mailing Address 10,000 Lincoln Drive East, Suite 300

City Marlton State NJ Zip 08053

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ○ US Mail ◉ On-Site Inspect ○ Fax ○ E-mail ○

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / (HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 09/06/2017

Payment Information

Maximum Authorization Cost $25.00

Select Payment Method

☐ Cash ☑ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependant upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

The dash-cam video and body cam video of the police vehicle(s) and police offer(s) responding to a motor vehicle accident on 9/2/16, as more particularly described in your New Jersey Police Crash Investigation Report, a copy of which is attached hereto and incorporated by reference.

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance
Deposit Date

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open
Denied - Closed
Filed - Closed 9/8/17
Partial - Closed

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

1 MVR

[signature] 9/8/17
Custodian Signature Date

HELMER, CONLEY & KASSELMAN, P.A.
ATTORNEYS AT LAW

received 9/11/17

Please reply to: #1050

92 West Main Street
Freehold, NJ 07728
Phone (848) 207-3500
Fax (888) 401-1567

September 5, 2017

Hamilton Township Police
Township of Hamilton
6101 Thirteenth Street
Mays Landing, NJ 08330

Re: OPRA Records Request for Joanne Gallagher, SBI No. 291884B
Our File No. 16650

Dear Sirs:

This request is for criminal complaints, arrest reports (pedigree information) and arrest photos pertaining to Joanne Gallagher, No. 291884B. A complete list of aliases and criminal cases for this individual is attached along with an executed OPRA request form.

As this information will be used to establish that our client, an individual with the same name as the subject of this request, does not have a criminal record, it would be appreciated if dates of birth are not redacted from the provided records.

Thank you for your time and attention to his request. Do not hesitate to contact me should you have any questions or need further information

Very truly yours,

HELMER, CONLEY & KASSELMAN, P.A.

Kevin M. Clark, Esq.

KMC/ct
Enclosures

cc: Joanne Gallagher

9/14/17
#1051

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-926-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Deepa MI S. Last Name Jaisinghani

E-mail Address injured@jdlawoffices.com

Mailing Address 42 Main Street, Suite A & B

City Woodbridge State NJ Zip 07095

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ○ US Mail ○ On-Site Inspect ○ Fax ◉ E-mail ◉

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Deepa Jaisinghani Date 09/13/2017

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☑ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

A clear copy of the 911 call made on the date of the incident 08/26/2017, also please provide a copy of the CAD report and/or transcript. In addition, please forward any videos and any pictures related to this matter. Please see enclosed police report for your review. Thank you for your attention in this matter. Client: Shiraj Kanduri Location: Notthingham Way DOA: 08/26/2017

MVA
8/26/2017
2017-33.108

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____
Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open
Denied - Closed 9/14/17
Filed - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature 9-14-17 Date

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

received 9.22.17

Due 10.4.2017

#1052

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name David MI _____ Last Name Armstrong

E-mail Address david.armstrong@statnews.com

Mailing Address One Exchange Place - Suite 201

City Boston State MA Zip 02109

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ○ US Mail ○ On-Site Inspect ○ Fax ○ E-mail ◉

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $10.00

Select Payment Method

☐ Cash ☑ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

I am requesting copies of any reports or records related to a death on May 23, 2017 at the Recovery Centers of America facility at 5034 Atlantic Avenue in Mays Landing.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here

In Progress - Open _____
Denied - Closed _____
Filled - Closed 9.26.17
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date 9.26.17
Total Pages 4

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid ✓

Records Provided

Custodian Signature 9.26.17 Date

#1053

received 9-28-2017

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Dianne MI _____ Last Name Bolsch

E-mail Address dbolsch@pepsonclaims.com

Mailing Address Pepson Claims PO Box 1491

City Paramus State NJ Zip 07653-4732

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ○ US Mail ○ On-Site Inspect ○ Fax ○ E-mail ◉

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Dianne McCann-Bolsch Date 09/25/2017

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

We are investigating a car accident that occurred on March 9, 2017 at Route 40 on Catillion Boulevard in Mays Landing. The accident occurred around 8:30 am.
We are requesting a list of any complaints received by your office regarding the traffic light operation at this intersection since 2015.
We are requesting information about the traffic controls at this intersection. For example, is the turn signal a fixed timed light or does it change when it senses a vehicle? How are timing plans developed and field adjustments implemented? How often are the traffic signals at this location monitored and adjusted to adapt to changing traffic patterns? When was this last done? We would like to obtain copies of any work orders to make changes to these traffic lights since 2015.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

~~In Progress~~ - Open
Denied - Closed 10/2/17
Filed - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature 10-2-17 Date

Brandenberger, Michael

From: Brandenberger, Michael
Sent: Monday, October 02, 2017 10:28 AM
To: Brandenberger, Michael
Subject: FW: OPRA Request

Case 2017-38,432
Received September 28, 2017
Due October 6, 2017

received
9-27-17

Due 10-6-2017

OPRA # 1056

From: mattcap27@aol.com [mailto:mattcap27@aol.com]
Sent: Wednesday, September 27, 2017 1:24 PM
To: Clerks.Office
Subject:

OPEN PUBLIC RECORDS ACCESS REQUEST
TOWNSHIP OF HAMILTON, COUNTY OF ATLANTIC, NEW JERSEY
(Submitted by email.)

To The Custodian of Records: Please accept this as my request for government records. Please note that the Open Public Records Act is not the only basis for my request. I claim entitlement to the records sought, both under OPRA and the Common Law right of access.

Requestors Name: Matthew T. Miller
Address: DO NOT use regular mail either for replying to this request or sending the responsive records. Email the responsive records.
Email: mattcap27@aol.com
Records Requested :

1. I request a copy of the police incident report for the incident which occurred on September 26, 2017 at the Mays Landing McDonalds involving Mr. Charles Dunbar.

Thank you for your time and attention to this matter.
Matthew T. Miller

Brandenberger, Michael

From: Billy A. Dove <billy.dove@advantagesurveillance.net>
Sent: Thursday, October 05, 2017 7:41 AM
To: HTPD.Records
Subject: Mr brandenburg

#1057

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-625-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name: William MI: Last Name: Dove

E-mail Address: billy.dove@advantagesurveillance.net

Mailing Address: 2517 Dunksferry road apt.D204

City: Bensalem State: Pa Zip: 19020

Telephone: [redacted] FAX:

Preferred Delivery: Pick Up / US Mail / On-Site Inspect / Fax / E-mail

If you are requesting records containing personal information, please circle one. Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature: [signature] Date: October 5, 2017

Payment Information

Maximum Authorization Cost:

Select Payment Method

Cash / Check / Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

The Victim in incident report number 17-10417 is being investigated for possible insurance fraud.

Don't need any of the offenders info

AGENCY USE ONLY

Est. Document Cost:
Est. Delivery Cost:
Est. Extras Cost:
Total Est. Cost:
Deposit Amount:
Estimated Balance:
Deposit Date:

AGENCY USE ONLY

Disposition Notes
Custodian, if any part of request cannot be delivered in seven business days, detail reasons here.

In Progress · Open
Denied · Closed
Filed · Closed
Partial · Closed

10/5/17

AGENCY USE ONLY

Tracking Information
Tracking #:
Receipt Date:
Ready Date:
Total Pages: 1
Records Provided

Final Cost
Total:
Deposit:
Balance Due:
Balance Paid: 0

[signature] 10/5/17
Custodian Signature Date

1058 Devlin

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-926-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Jeffrey MI ____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☐

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [redacted] Date 10/2/2017

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to [redacted]

9/1/2017 9/30/2017

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages 187

Final Cost

Total $9.35
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

postage $6.65
+ copies $9.35
$16.00

Payment of $16.00 is required. Once payment is received documents will be mailed

Custodian Signature 10/6/17 Date

17-24841

Received
10/17/17

Print Form | Submit by Email

State of New Jersey
TOWNSHIP OF HAMILTON
GOVERNMENT RECORDS REQUEST FORM
6101 Thirteenth Street, Mays Landing N.J. 08330
Phone #: (609) 625-2211 Fax #: (609) 625-5903

Chief Stacy V. Tappeiner
Deputy Chief Paul Sorrentino

To the Records Custodian

#1059

Important Notice

A request for Public Records *must* be submitted on this form which has been adopted by the Chief of Police and the Custodian of Records. If your request is approved the record(s) may be immediately available during normal business hours. Some requests will take some time to compile and photocopy, but will normally be available within 7 days pursuant to statute. If a request cannot be provided within seven (7) days, or the requested information is *not* public record you will be notified within the seven (7) day period. The terms *"Public Record"* and *"Government Record"* in New Jersey *DOES NOT* include: Criminal investigatory records; Victim's records; Inter or Intra agency advisory, consultative or deliberative material; Emergency or security information regarding computer hardware, software and networks which if disclosed would jeopardize security; Labor/Management negotiations; Pension and Personnel records.

REQUESTER INFORMATION:

First Name: Shaun Last Name: Stitele

Company:

Mailing Address: 2242 Quail St.

email:

City, State, Zip: Vineland, NJ, 08361

Phone Number: [redacted] Extension:

Under penalty of N.J.S.A. 20:28.3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States. Furthermore, I am not seeking personal information pertaining to a victim or the victim's family. By checking this box, I also acknowledge I have read the information above and agree to the terms and/or conditions. ☐
Note: Online submissions will NOT be processed unless the box is checked. Fill out Form Completely.

Signature: Date: 10/17/17

PAYMENT INFORMATION

Maximum Authorized Cost:

Select Payment Method

○ Cash ○ Check ○ Money Order

Fees: Per Page cost / printed media
$0.05 Letter
$0.07 Legal

Delivery: Delivery & postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon type of request and media needed.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested. Reasonable efforts will be made to provide the information in the requested format. The cost of producing the data in the requested format will be collected prior to release.

I am Requesting a Copy of the Dash Cam Video taken during the time I was ticketed

2017-24841 @ 6/22/17 @ 22:39

Do not write below this line — AGENCY USE ONLY — Do not write below this line

Est. Document Cost:

Est. Delivery Cost:

Total Est. Cost:

Deposit Amt.:

Est. Balance:

Deposit Date:

Custodian: If any part of this request cannot be delivered in seven business days, detail reasons here.

○ Denied Date:

✓ Filled Date: 10/18/17

○ Partial Date:

Rec'd Date: Total:

Ready Date: 10/18/17 Deposit:

Total Pages: Balance Due:

Records Provided

Custodian: Date:

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

received 10/18/2017

1060

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Angelo MI J Last Name Maimone

E-mail Address atlanticcoastinvest@comcast.net

Mailing Address PO Box 65

City Elwood State NJ Zip 08217

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ○ US Mail ○ On-Site Inspect ○ Fax ○ E-mail ◉

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10/18/2017

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☑ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of materi

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

All Police /incident reports statements involving Ms. Monica Novicki and Massage Envy 278 Consumer Square, Mays Landing, NJ 08330, Handled by Det. G. Clayton.

Any other reports on record pertaining to sexual assault, voyerurism, inproper touching or activity by any employees at Massage Envy, 278 Consumer Square , Mays Landing NJ.

Including CAD Reports (Computer Automated Dispatch) reports.

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here

In Progress - Open
Denied - Closed
Filled - Closed 10/19/17
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages 17

Final Cost

Total
Deposit
Balance Due
Balance Paid ∅

Records Provided

[signature] Custodian Signature 10/19/17 Date

received 10-20-17

DE N/31 Log # 1061

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1611 Fax: 609-626-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Michael MI Emil Last Name Barchi, Jr

E-mail Address ItsMikie@aol.com

Mailing Address 7530 Jackson Rd

City Mays Landing State NJ Zip 08330

Telephone [redacted] FAX

Preferred Delivery: Pick Up ● US Mail ○ On-Site Inspect ○ Fax ○ E-mail ●

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10/19/2017

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

I would like all records, information, evidence and discovery concerning Summons Complaint Number 0112-S-2017-000623, The sate of NJ VS. Michael E Barchi, including, but not limited to, any informaton on IP addresses and the location/address/person associated with those IP addresses. Including, but not limited to, any information received from AOL or any other outside sources, including any other law enforcement agencies, as well as anything found out by the Hamilton Township Police Department. I am interested in having them either emailed to me, or I would like to pick them up whichever is fastest. My email and my phone number are listed above. I am the defendant in this matter. Thank you so very much for your execution of my request.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open
Denied - Closed 10/23/17
Filled - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

[signature] 10/23/17
Custodian Signature Date

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Richard MI J Last Name Albuquerque, Esq.

E-mail Address richarda@djdlawyers.com

Mailing Address 3120 Fire Rd., Suite 100

City Egg Harbor Twp. State NJ Zip 08234

Telephone (609-[redacted] FAX (609-[redacted]

Preferred Delivery: Pick Up ◯ US Mail ◉ On-Site Inspect ◯ Fax ◯ E-mail ◯

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state or the United States.

Signature RDA Date 10-23-17

Payment Information

Maximum Authorization Cost $20

Select Payment Method

☐ Cash ☑ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

A copy of the mobile video recorder for the police vehicle, a copy of the 911 call tape and a copy of the CAD report in reference to the automobile accident on 10-3-17 at 20:48 pm with case number 2017 039667. Driver of vehicle 2 is Crystal Tropicano.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

#1064

State of New Jersey

GOVERNMENT RECORDS REQUEST FORM

received 11-6-17

DUE 11-17-17

OPRA REQUEST

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Mary MI P. Last Name Falvey

Company Decker Associates

Mailing Address 641 Mill Creek Road, Suite 14

City Manahawkin State NJ Zip 08050 Email pfalvey@deckerclaims.com

Business Hours Telephone: Area Code 609 Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail X On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE*** / ~~***HAVE NOT***~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Mary Patricia Falvey Date 11/2/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees:	Letter size pages (per page)	$0.05
	Legal size pages (per page)	$0.07
	Other materials (CD, DVD, etc.)	Actual cost of material
Delivery:	Delivery / postage fees additional depending upon delivery type.	
Extras:	Special service charge dependent upon request.	

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

This office represents the **Bay State Insurance Company** in connection with the claim referenced below.

We understand that a report of this occurrence was filed with your department and we are requesting a copy of the Police Report for our records. **Please email the report to pfalvey@deckerclaims.com *or* fax a copy to 609-597-4219.** Should you wish to mail the report we have enclosed a self-addressed return envelope for your convenience.

We appreciate your prompt response in this matter.

CASE #:

Our File Number: **DE-1759676**
Insured: **Robert & Mary Ford**
Loss Location: **4359 Township Avenue, Mays Landing, NJ 08330**

Date of Loss: **9/25/2017**
Cause of Loss: **Theft**
Policy Number: **2530759**
Claim Number: **2530759**

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed 11-6-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date 11/6/17
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature #241 Date 11-6-17

10Cde-Mota

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Christina MI ____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-[redacted] FAX 609-[redacted]

Preferred Delivery: Pick Up ○ US Mail ○ On-Site Inspect ○ Fax ○ E-mail ○

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Christina Mota Date 11/1/2017

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-[redacted]

Start Date: 10/1/2017 To End Date: 10/31/2017

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____
Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages 221

Final Cost
Total $17.70
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Postage + Copies $6.65 + $11.05 = $17.70

Payment of $17.70 is required. Once Payment is received documents will be mailed 11/8/17

Custodian Signature

Date

#1067

received 11-8-17
Due 11-20-17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name: Michael MI: F Last Name: Myers

E-mail Address: myers@myersdefense.com

Mailing Address: 450 Tilton Rd. Ste. 120

City: Northfield State: NJ Zip: 08225

Telephone: 609-[redacted] FAX: 609-[redacted]

Preferred Delivery: Pick Up ( ) US Mail (•) On-Site Inspect ( ) Fax ( ) E-mail ( )

If you are requesting records containing personal information, please circle one. Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE (HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature: [signature] Date: 11-8-17

Payment Information

Maximum Authorization Cost: $20.00

Select Payment Method: ☐ Cash ☑ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

In the matter of State v. Kevin Thomas, Ticket Number 0112-E17-010043, I ~~[illegible]~~ request the following items relating to it:

1). All in-station surveillance footage from November 3, 2017;
2). All digitally retained surveillance footage from November 3, 2017;
3). All body camera footage from November 3, 2017; and
4.) All MVR footage from November 3, 2017.

AGENCY USE ONLY

Est. Document Cost: _____
Est. Delivery Cost: _____
Est. Extras Cost: _____
Total Est. Cost: _____
Deposit Amount: _____
Estimated Balance: _____
Deposit Date: _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

#1070

Print Form | Submit by Email

State of New Jersey
TOWNSHIP OF HAMILTON
GOVERNMENT RECORDS REQUEST FORM
6101 Thirteenth Street, Mays Landing N.J. 08330
Phone #: (609) 625-2211 Fax #: (609) 625-5903

Chief Stacy V. Tappeiner
Deputy Chief Paul Sorrentino
Received 11-14-17
To the Records Custodian
DUE 11-27-17

Important Notice

A request for Public Records *must* be submitted on this form which has been adopted by the Chief of Police and the Custodian of Records. If your request is approved the record(s) may be immediately available during normal business hours. Some requests will take some time to compile and photocopy, but will normally be available within 7 days pursuant to statute. If a request cannot be provided within seven (7) days, or the requested information is *not* public record you will be notified within the seven (7) day period. The terms *"Public Record"* and *"Government Record"* in New Jersey *DOES NOT* include: Criminal investigatory records; Victim's records; Inter or Intra agency advisory, consultative or deliberative material; Emergency or security information regarding computer hardware, software and networks which if disclosed would jeopardize security; Labor/Management negotiations; Pension and Personnel records.

REQUESTER INFORMATION:

First Name: BARBARA & KEN Last Name: MARTIN

Company:

Mailing Address: 7234 Belmont Ave

email:

City, State, Zip: Mays Landing NJ 08330

Phone Number: 609 [redacted] Extension:

Under penalty of N.J.S.A. 20:28.3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States. Furthermore, I am not seeking personal information pertaining to a victim or the victim's family. By checking this box, I also acknowledge I have read the information above and agree to the terms and/or conditions. ☐
Note: Online submissions will NOT be processed unless the box is checked. Fill out Form Completely.
Signature: Barbara Martin Date: 11-14-2017

PAYMENT INFORMATION

Maximum Authorized Cost: PLEASE CALL WHEN READY

Select Payment Method

☒ Cash ☐ Check ☐ Money Order

Fees: Per Page cost / printed media
$0.05 Letter
$0.07 Legal

Delivery: Delivery & postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon type of request and media needed.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested. Reasonable efforts will be made to provide the information in the requested format. The cost of producing the data in the requested format will be collected prior to release.

SEE OTHER SIDE →

Do not write below this line — AGENCY USE ONLY — Do not write below this line

Est. Document Cost

Est. Delivery Cost

Total Est. Cost

Deposit Amt.

Est. Balance

Deposit Date

Custodian: If any part of this request cannot be delivered in seven business days, detail reasons here.

☐ Denied Date

☒ Filled Date 11/20/17

☐ Partial Date

Rec'd Date: Total:

Ready Date: Deposit:

Total Pages: 27 Balance Due: $1.35 (2nd)

Records Provided

Custodian: Date: 11/20/17

#1071
+
#1074

Due 11/30/17

received
11-17-17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name NEIL MI ____ Last Name DECICCO

E-mail Address cndeciccoI@yahoo.com

Mailing Address 918 Mercer Drive

City Haddonfield State NJ Zip 08033

Telephone 609-[redacted] FAX ____

Preferred Delivery: Pick Up (X) US Mail ( ) On-Site Inspect ( ) Fax ( ) E-mail ( )

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Neil De Cicco Date 11-17-2017

Payment Information

Maximum Authorization Cost

Select Payment Method

[X] Cash [ ] Check [ ] Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

A copy of the suicide note written by my brother, Richard De Cicco, on Oct 10th, 2017 that was left at his house. The address is 6168 WALNUT STREET, MAYS LANDING, NJ 08330. Detective FRANK SCHALEK is investigating

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____
Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-926-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

Important Notice

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Requestor Information – Please Print

First Name Dominic MI ____ Last Name DePamphilis

E-mail Address dom@djdlawyers.com

Mailing Address 3120 Fire Road, Suite 100

City Egg Harbor Township State NJ Zip 08234

Telephone (609 [redacted] FAX (609 [redacted]

Preferred Delivery: Pick Up ○ US Mail ◉ On-Site Inspect ○ Fax ◉ E-mail ◉

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 09/26/2017

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

A copy of the Police Report, a copy of the MVR, a copy of body camera video footage, a copy of the 911 call tape, a copy of the CAD report and any color photographs for case number 2016-46162. Driver vehicle 1: Nicholas Rodriguez. Driver vehicle 2: Jose Balderramas. Date of Accident: 11/23/16.

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____
Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filed - Closed 10/3/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date 3
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due 0
Balance Paid ____

Records Provided

2 MVR
1 DISC x2-911s

[signature] Custodian Signature 10/3/17 Date

10068

CRAIG MCCARTHY, REPORTER
732-[redacted]
cmccarthy@njadvancemedia.com
Woodbridge Corporate Plaza
485 Route 1 South, Building E, Suite 300
Iselin, NJ 08830-3009

received
IL 8-17
DEC 11-20-17

11/07/2017

Dear Custodian,

Please consider this a formal OPRA request for the unredacted Use of Force reports for incidents occurring for the calendar years 2012, 2013, 2014, 2015 and 2016. We have received some from your prosecutor's office but the records appear incomplete. Redactions should be made for juvenile names and HIPAA.

We are entitled to these unredacted reports under N.J.S.A. 47:1A3(b) as a result of the state Supreme Court ruling on July 11, 2017, in the case North Jersey Media Group v. Lyndhurst.

The court wrote in its opinion, "The law calls for disclosure of 'the identity of the investigating and arresting personnel' and adds that the exception on which defendants rely 'shall be narrowly construed.'"

Under that ruling, the court also ruled that "OPRA's criminal investigatory records exception does not apply to records that are "required by law to be made, maintained or kept on file." N.J.S.A. 47:1A-1.1. As a result, the exemption does not cover Use of Force Reports, which the Attorney General requires officers to prepare after the use of deadly force."

Therefore, this request cannot be denied under the exemption of an "ongoing investigation" since they are required under the Attorney General's Use of Force Policy, which has "the force of law for police entities." (NJMG v. Lyndhurst)

If your agency chooses to deny, citing safety concerns, please provide a statement for each incident stating why officer or officers' names "will jeopardize the safety of any person . . . or any investigation in progress" or "would be harmful to a bona fide law enforcement purpose or the public safety." (NJMG v. Lyndhurst)

Please email scanned digital copies of the unredacted original Use Of Force forms as PDFs. If the file is too large, we will accept a CD with the requested documents mailed to the address above.

Under penalty of N.J.S.A. 2C:283, I certify that I have not been convicted of any indictable offense under the laws of New Jersey, or any other state, or in the United States.

Please note, this request clearly notes New Jersey's Open Public Record Act, therefore does not need to be on local OPRA forms.

We reserve the right to appeal your decision to withhold any information.

I look forward to your reply via email. We request all correspondence referencing this OPRA be via email.

Thank you for your assistance.
CRAIG MCCARTHY